

## H. APPLICATION FOR APPROVAL OF SPECIAL COURSES

\_\_\_\_\_ *Academic*

\_\_\_\_\_ *Vocational*

\_\_\_\_\_ *Special Education*

### Section A - SYSTEM INFORMATION - This section is to be completed for all requests.

Date of Application \_\_\_\_\_

School System \_\_\_\_\_ State System Number \_\_\_\_\_

Contact Person \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Date of Approval by Local Board of Education \_\_\_\_\_ (Must be approved annually)

The information on this application is complete and accurate. Assigning the proposed instructor to this special course will not preclude having all State Board approved courses taught by appropriately endorsed teachers.

Director of Schools Signature \_\_\_\_\_

1. Total units of credit required by system for graduation: \_\_\_\_\_
2. Anticipated enrollment in course. \_\_\_\_\_
3. Grade level(s) eligible to enroll: \_\_\_\_\_
4. Can course be counted as one of the elective credits in the total number of units required by the State Board of Education for graduation? Yes \_\_\_\_\_ No \_\_\_\_\_



**Section B - COURSE INFORMATION** - This section is to be completed for all requests.

**NOTE: Standards, Learning Expectations, and Performance Indicators must be attached to this application. These should follow the same format as those for current State-Board approved courses. If vocational-technical education credit is requested, correctly formatted competency profiles must also be attached.**

1. Name of Proposed Course \_\_\_\_\_

2. Total units of credit available through proposed course: \_\_\_\_\_

3. Pre-requisite(s):

4. Justification for course/program (reason for including this course in the school program)

5. Describe briefly the nature of this course:

6. Total number of hours of instruction: \_\_\_\_\_

7. Check one area of the curriculum in which credit is awarded. Credit must be awarded in a specific area, and cannot be requested simply as "elective credit".

<input type="checkbox"/>	Arts	<input type="checkbox"/>	Science
<input type="checkbox"/>	Business	<input type="checkbox"/>	Social Studies
<input type="checkbox"/>	Computer Technology	<input type="checkbox"/>	Special Education
<input type="checkbox"/>	Foreign Language	<input type="checkbox"/>	Vocational-Technical Education Specify program area: _____
<input type="checkbox"/>	Language Arts	<input type="checkbox"/>	Wellness & P.E.
<input type="checkbox"/>	Math	<input type="checkbox"/>	Other (please specify) _____



8. Names/titles of individuals who developed the course:

9. Resources used to develop the course:

10. Goals of course/program (student learning goals):

11. Major units of instruction of course/program:

12. Texts and/or supplementary materials to be used:

13. Proposed instructional methods and activities:



14. Procedure for evaluating student progress:

15. Procedure for evaluating success of course:

**SECTION C-VOCATIONAL-TECHNICAL EDUCATION COURSE**-Complete this section only if you are seeking to award credit in vocational-technical education.

1. Outline how this course fits into a vocational program sequence.
2. Interpret and summarize and attach labor market data to support the proposed course in the local area. Cite the source of the data.



**SECTION D - TECHNOLOGY-BASED COURSE** - Complete this section of the form only if you are seeking approval for a technology-based course.

1. This course is:  
\_\_\_\_\_ A) Technology-based Intervention  
Tech Based Intervention 3645  
  
\_\_\_\_\_ B) Online Courses 8000 Series  
  
\_\_\_\_\_ C) Video Distance Learning
  
2. For Technology-based Intervention, check appropriate area(s):  
\_\_\_ Algebra    \_\_\_ Biology    \_\_\_ English
  
3. For online and video distance learning courses **ONLY**, who will evaluate coursework submitted by students enrolled?
  
  
  
  
  
4. Origination of course:  
Type:  
  
\_\_\_ Satellite    \_\_\_ On-line    \_\_\_ CD-ROM-based  
  
Provider/Vendor: \_\_\_\_\_

**Note: For technology-based intervention courses a correlation of the performance indicators of the gateway standards with the provided program must be attached.**



**SECTION E - COURSE SITE INFORMATION** - This section is to be completed for all requests.

<i>School Name</i>	<i>State School #</i>	<i>Years Course Offered at this School  (<u>1</u>, <u>2</u>, <u>3</u>, or <u>4</u>+) </i>	<i>School Year Course to be Offered</i>	<i>Semester Offered  <u>F</u>all or <u>S</u>pring <u>B</u>oth <u>F</u>ull <u>Y</u>ear <u>Su</u>mm<u>e</u>r</i>	<i>School Format:  <u>T</u>raditional <u>B</u>lock <u>M</u>odified Block</i>	<i>For Video Distance Learning:  <u>B</u>ase Site <u>R</u>eceiving Site</i>	<i>Facilities available for course/program (Required for Vocational courses)</i>



**SECTION F - INSTRUCTOR INFORMATION** - This section is to be completed for all requests.

<i>School Name</i>	<i>Teacher Name</i>	<i>Teacher #</i>	<i>Teacher Role</i>		<i>Endorsement Code(s)</i>	<i>Industry Certifications</i>	<i>Technology Qualification</i>
			<u>M</u> ain/ <u>B</u> ase	<u>C</u> onsulting/ <u>R</u> eceiving			

